

	PROGRAM	CODES	MODIFIER	DESCRIPTION
STATE HEALTH PLAN	EVV is required for the following PCS and CAP service codes effective Jan. 1, 2021			
State Plan PCS	PCS	99509	HA	Any beneficiary under 21 years regardless of setting
State Plan PCS	PCS	99509	HB	In-home care agencies, beneficiary 21 years or older
CAP				
Community Alternatives Programs	CAPDA	S5125	UN	Attend Care Cong 15m
Community Alternatives Programs	CAPDA	S5150		In-Home Respite 15m
Community Alternatives Programs	CAPC	S5125		CAPC In-Home Aide
Community Alternatives Programs	CAPC	S5150		In-Home Respite 15m
Community Alternatives Programs	CAPC	T1019		PNA Asst 15m
Community Alternatives Programs	CAPC	T1004		PNA In-Home Respite 15m
Community Alternatives Programs	CAPC	S9122	TF	In-Home Respite Cong 15m
Community Alternatives Programs	CAPC	S9122	TG	PNA Respite Cong 15m
Community Alternatives Programs	CAPC	T2027		Personal Care Assist 15m
Community Alternatives Programs	CAPC	T2027	TF	Personal Care Asst Cong
Community Alternatives Programs	CAPCD	S5135		Personal Care Assist
Community Alternatives Programs	CAPCD	S5135	UN	Personal Care Assist Cong 15m

Community Alternatives Programs	CAPCD	S5125	UN	Attend Care Cong 15m
Community Alternatives Programs	CAPCD	S5125		Attendant Care Service 15m
Community Alternatives Programs	CAPCD	S5150		In-Home Respite 15m
Community Alternatives Programs	CAPCD	S5150		In-Home Respite 15m
<p>BEHAVIORAL HEALTH</p> <p>EVV is required for Behavioral Health service codes in Medicaid Direct, and for Home Health service codes in Medicaid Direct and Standard Plans effective April. 1, 2023. The Tailored Plan launch and the required EVV services provided in the Tailored Plans will begin at a later date.</p> <p>Please refer to NC Medicaid bulletin for specifics.</p> <p>https://medicaid.ncdhhs.gov/blog/2023/02/27/ncdhhs-delays-implementation-nc-medicaid-managed-care-behavioral-health-and-idd-tailored-plans</p>				
Innovations Services	PROGRAM	CODES	MODIFER	DESCRIPTION
Behavioral Health Services	Innovations Waiver Services Subject to EVV	Group - T2013	TF HQ	Community Living and Support (In-Home Services Only)
Behavioral Health Services	Innovations Waiver Services Subject to EVV	Individual - T2013	TF	Community Living and Support (In-Home Services Only)
Behavioral Health Services	Innovations Waiver Services Subject to EVV	T2033	U1	Supported Living – Periodic (In-Home Services Only)
TBI Services				
Behavioral Health Services	TBI Waiver Services Subject to EVV	S5125		Personal Care (In-Home Services Only)
Behavioral Health Services	TBI Waiver Services Subject to EVV	T1015		In-Home Intensive (In-Home Services Only)
Behavioral Health Services	TBI Waiver Services Subject to EVV	T2013		Life Skills Training (In-Home Services Only)
(b)(3) Services				
Behavioral Health Services	(b)(3) Services Subject to EVV	T1019	U4	Personal Care/ Individual Support (In-Home Services Only)

Behavioral Health Services	(b)(3) Services Subject to EVV	H2022	U4	Transitional Living Skills (In-Home Services Only)
Behavioral Health Services	(b)(3) Services Subject to EVV	T2013	U4	In-Home Skill Building (In-Home Services Only)
Behavioral Health Services	(b)(3) Services Subject to EVV	T2013	TF HQ U4	Community Living and Support (In-Home Services Only)
Behavioral Health Services	(b)(3) Services Subject to EVV	T2013	TF U4	Community Living and Support (In-Home Services Only)
HOME HEALTH SERVICES				
Home Health Services	Therapy	RC420		Physical Therapy
Home Health Services	Therapy	RC424		Physical Therapy - Evaluation
Home Health Services	Therapy	RC430		Occupational Therapy
Home Health Services	Therapy	RC434		Occupational Therapy - Evaluation
Home Health Services	Therapy	RC440		Speech Therapy
Home Health Services	Therapy	RC444		Speech Therapy - Evaluation
Home Health Services	Skilled Nursing	RC550		Skilled Nursing Visit -Initial Assessment/re-assessment
Home Health Services	Skilled Nursing	RC551		Skilled Nursing Visit -Treatment, Teaching/Training, Observation/Evaluation
Home Health Services	Skilled Nursing	RC559		Skilled Nursing Visit -for a dually eligible beneficiary when visit doesn't meet Medicare criteria (i.e., not homebound)
Home Health Services	Skilled Nursing	RC580		Skilled Nursing Visit -Venipuncture
Home Health Services	Skilled Nursing	RC581		Skilled Nursing Visit- Pre-filling insulin syringes/Medi-Planners
Home Health Services	HH Aide	RC570		Home Health Aide